

Revision: HCFA-PM-94-5
APRIL 1994

(MB)

State/Territory: Connecticut

SECTION 3 - SERVICES: GENERAL PROVISIONS

Citation

42 CFR
Part 440,
Subpart B
1902(a), 1902(e),
1905(a), 1905(p),
1915, 1920, and
1925 of the Act

1902(a)(10)(A) and
1905(a) of the Act

3.1 Amount, Duration, and Scope of Services

- (a) Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and sections 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act.

(1) Categorically needy.

Services for the categorically needy are described below and in ATTACHMENT 3.1-A. These services include:

- (i) Each item or service listed in section 1905(a)(1) through (5) and (21) of the Act, is provided as defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, section 1905(r) and 42 CFR Part 441, Subpart B.
- (ii) Nurse-midwife services listed in section 1905(a)(17) of the Act, are provided to the extent that nurse-midwives are authorized to practice under State law or regulation and without regard to whether the services are furnished in the area of management of the care of mothers and babies throughout the maternity cycle. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

— Not applicable. Nurse-midwives are not authorized to practice in this State.

TN No. 94-008

Supersedes

TN No. 91-15

Approval Date

SEP 08 1994

Effective Date

4-1-94

OFFICIAL

19a

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: CONNECTICUT

Citation 3.1(a)(1) Amount, Duration, and Scope of Services:
Categorically Needy (Continued)

- 1902(e)(5) of
the Act
- (iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.
- /X/ (iv) Services for medical conditions that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women.
- 1902(a)(10),
clause (VII)
of the matter
following (E)
of the Act
- (v) Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

TN No. 91-15

Supersedes

TN No. 90-16

Approval Date JUN 24 1994

Effective Date 10-1-91

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No.: 0938-

State/Territory: CONNECTICUT

Citation 3.1(a)(1) Amount, Duration, and Scope of Services:
Categorically Needy (Continued)

(vi) Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan.

1902(e)(7) of the Act

(vii) Inpatient services that are being furnished to infants and children described in section 1902(1)(1)(B) through (D), or section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished.

1902(e)(9) of the Act

17 (viii) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.

2(a)(52) and 1925 of the Act

(ix) Services are provided to families eligible under section 1925 of the Act as indicated in item 3.5 of this plan.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

TN No. 91-15

Supersedes

No. ----

Approval Date JUN 24 1994

Effective Date 10-1-91

Page 19c

State: Connecticut

1905(a)(26)
and 1934

<u>X</u>	Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.
----------	--

Approval Date 8/5/98 Effective Date 7/1/98

OFFICIAL

20

Division: HCFA-PM-91-4 (BPD)
August 1991

OMB No.: 0938-

State/Territory: CONNECTICUT

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR Part 440, (a)(2) Medically needy.
Subpart B

/X/ This State plan covers the medically needy.
The services described below and in ATTACHMENT
3.1-B are provided.

Services for the medically needy include:

1902(a)(10)(C)(iv)
of the Act
42 CFR 440.220

(i) If services in an institution for mental diseases (42 CFR 440.140 and 440.160) or an intermediate care facility for the mentally retarded (or both) are provided to any medically needy group, then each medically needy group is provided either the services listed in section 1905(a)(1) through (5) and (17) of the Act, or seven of the services listed in section 1905(a)(1) through (20). The services are provided as defined in 42 CFR Part 440, Subpart A and in sections 1902, 1905, and 1915 of the Act.

/ / Not applicable with respect to nurse-midwife services under section 1902(a)(17). Nurse-midwives are not authorized to practice in this State.

1902(e)(5) of
the Act

(ii) Prenatal care and delivery services for pregnant women.

TN No. 91-15

Replaces
No. 87-59

Approval Date JUN 24 1994

Effective Date 10-1-91

OFFICIAL

20a

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No.: 0938-

State/Territory: CONNECTICUT

Citation 3.1(a)(2) Amount, Duration, and Scope of Services:
Medically Needy (Continued)

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day the pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

☒ (iv) Services for any other medical condition that may complicate the pregnancy (other than pregnancy-related and postpartum services) are provided to pregnant women.

(v) Ambulatory services, as defined in ATTACHMENT 3.1-B, for recipients under age 18 and recipients entitled to institutional services.

☐ Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy.

(vi) Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan.

42 CFR 440.140, ☒ (vii) Services in an institution for mental
440.150, 440.160, diseases for individuals over age 65.

Subpart B, ☒ (viii) Services in an intermediate care
442.441, facility for the mentally retarded.
Subpart C

1902(a)(20) ☒ (ix) Inpatient psychiatric services for
and (21) of the Act individuals under age 21.

TN No. 91-15

S sedes

T . 87-59

Approval Date JUN 24 1994

Effective Date 10-1-91

OFFICIAL

Revision: HCFA-PM-93- 5 (MB)
MAY 1993

State: Connecticut

Citation

3.1(a)(2) Amount, Duration, and Scope of Services:
Medically Needy (Continued)

1902(e)(9) of
Act

- (x) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.

1905(a)(23)
and 1929 of the Act

- (xi) Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

TN No. 93-13

Supersedes

TN No. 91-15

Approval Date

SEP 01 1993

Effective Date

4-1-93

OFFICIAL

Page 20c

Enclosure 3

State: Connecticut

Citation 3.1(a)(2) Amount, Duration, and Scope of Services: Medically
Needy (Continued)

1905(a)(26)
and 1934 X Program of All-Inclusive Care for the Elderly (PACE) services, as described
and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies services provided to each covered group of the medically needy; specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services for conditions that may complicate the pregnancy.

TN#98-005

Supersedes: --

Approval Date 8/5/98 Effective Date 7/1/98

OFFICIAL

Revision: HCFA-PH-97-3 (CMSO)
December 1997

State: Connecticut

<p><u>Citation</u></p> <p>1902(a)(10)(E)(i) and clause (VIII) of the matter following (F), and 1905(p)(3) of the Act</p> <p>1902(a)(10) (E)(ii) and 1905(a) of the Act</p> <p>1902(a)(10) (E)(iii) and 1905(p)(3)(A)(ii) of the Act</p> <p>1902(a)(10) (E)(iv)(I) 1905(p)(3) (A)(ii), and 1933 of the Act</p>	<p>3.1 <u>Amount, Duration, and Scope of Services (continued)</u></p> <p>(a)(3) <u>Other Required Special Groups: Qualified Medicare Beneficiaries</u></p> <p>Medicare cost sharing for qualified Medicare beneficiaries described in section 1905(p) of the Act is provided only as indicated in item 3.2 of this plan.</p> <p>(a)(4)(i) <u>Other Required Special Groups: Qualified Disabled and Working Individuals</u></p> <p>Medicare Part A premiums for qualified disabled and working individuals described in section 1902(a)(10)(E)(ii) of the Act are provided as indicated in item 3.2 of this plan.</p> <p>(ii) <u>Other Required Special Groups: Specified Low-Income Medicare Beneficiaries</u></p> <p>Medicare Part B premiums for specified low-income Medicare beneficiaries described in section 1902(a)(10)(E)(iii) of the Act are provided as indicated in item 3.2 of this plan.</p> <p>(iii) <u>Other Required Special Groups: Qualifying Individuals - 1</u></p> <p>Medicare Part B premiums for qualifying individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.</p>
---	---

TN No. 98-002

Supersedes

TN No. 93-4

Approval Date

5/15/98

Effective Date

1-1-98

OFFICIAL

21 Continued

Revision: HCFA-PM-97-3 (CMSO)
December 1997
State: Connecticut

1902(a)(10)
(E)(iv)(II), 1905(p)(3)
(A)(iv)(II), 1905(p)(3)
the Act

(iv) Other Required Special Groups: Qualifying
Individuals - 2

The portion of the amount of increase to the Medicare Part B premium attributable to the Home Health provisions for qualifying individuals described in 1902(A)(10)(E)(iv)(II) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

1925 of the
Act

(a)(5)

Other Required Special Groups: Families
Receiving Extended Medicaid Benefits

Extended Medicaid benefits for families described in section 1925 of the Act are provided as indicated in item 3.5 of this plan.

TN No. 98-002

Supersedes

TN No. 97-15

Approval Date

5/15/98

Effective Date

1-1-98